

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David L. Reich M.D.

Mailing Address 1 Gustave L Levy Pl Box 1051

Department of Anesthesiology

City

New York

State

NY

Zip Code

10029-6504

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Mount Sinai Hospital

Occupation

Hospital President and COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2015

Transaction ID : C3178693

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Paul Rein D.O.

Mailing Address 409 Moodys Run

City

Williamsburg

State

VA

Zip Code

23185-6563

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2015

Transaction ID : C3179578

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. Paul Rein D.O.

Mailing Address 409 Moodys Run

City

Williamsburg

State

VA

Zip Code

23185-6563

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : C3181833

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►